PATENT APPLICATION FE	E DETERMINATION RECORD
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Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS				(K) (A)	Ori a s		RATE	FEE		RATE	FEE	
FOR NUMBER FILED			FILED	NUME	ER EXTRA		BASIC FEE		OR	BASIC FEE	860	
TC	TAL CHARGEA	BLE CLAIMS	D. Chair	us 20=	.3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS 9 minus 3 =					.0			X40=	1	OR	X80=	480
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	100	
* If the difference in column 1 is less than zero, enter					r "0" in d	column 2	l	TOTAL		OR	TOTAL	1394
CLAIMS AS AMENDED - PART II							1			OTHER	THAM	
(Column 1)			(Column 2)			(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	•
AME	Independent	WTATION OF M	Minus	***	- OL A 144			X40=		OR	X80=	
	FIRST PHESE	NTATION OF ML	JLTIPLE DEF	ENDEN	CLAIM	per contract the second		+135=		OR	-+270 =	
and the second s											TOTAL	
								ODIT. FEE		OR ,	ADDIT. FEE	
		(Column 1) CLAIMS	disease at	(Colur		(Column 3)	1 -					
AMENDMENT B	·	REMAINING AFTER AMENDMENT	A DES	NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF AU	Minus	···	5 01 4 11 4	<u> </u>	11	X40=		OR	X80=	
	FINST PRESE	NTATION OF MU	DETIPLE DEF	EINDEIN	CLAIN		J	+135=		OR	+270=	
							L.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
ပ	tiss to a siltera.	CLAIMS	11. THE PARTY		IEST IBER		Ίг		ADDI-			ADDI-
AMENDMENT (riskyr i	REMAINING AFTER AMENDMENT	-	PREVI	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	4.*		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••	4	<u> </u> =	」	X40=			X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIN		J ŀ			OR		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
	The "Highest Nur	nber Previously Pa	ud For" (Total o	r Independ	dent) is th	e highest numb	er fou	and in the ap	propriate bo	x in co	olumn 1.	

, viication or Docket Number